

**Georgia Department of Community Health**  
**Pharmacy Prior Authorization Request Process Guide**

Below are bullets that may be helpful in guiding physicians through the Georgia Department of Community Health prior authorization and appeal process for Medicaid recipients. Providing as much clinical information and justification as possible will facilitate the request.

- Patient Identification
  - First, Middle, and Last Name
  - Medicaid Identification Number
  - Date of Birth (DOB)
- Prescriber Identification
  - Name
  - Medicaid Provider Identification Number
  - Practice Address
  - Phone Number
- Medication Requested
  - Name, strength, dosage form
  - Dosing Regimen
  - Duration of therapy
- Comprehensive List of Diagnoses
- Laboratory Results if Relevant to the Medication Request
- Previous Therapies Utilized, Duration of Therapy, and Clinical Results
- Allergies, Contraindications, Drug-Drug Interactions
- ***Specific Reason(s) the Preferred Alternative Therapies are Not Acceptable in this Particular Patient***

Prior authorization requests and any necessary subsequent appeal should be initiated with Express Scripts. Express Scripts is available for prior authorization requests 24 hours a day, 7 days per week. The Express Scripts prior authorization phone number is **1-877-650-9340**.

*Note: Requests such as “this medication is medically necessary for this patient” will be denied due to insufficient information.*

*Disclaimer: This document is intended to be a guide. Certain medications may contain specific information that may not be represented in this guide.*